

2001 UNIFORM BUSINESS REPORT (UBR)

0024766 AF

DOCUMENT # L00000014487

1. Entity Name
CYPRESS MANAGEMENT OF FLAGLER COUNTY, L.L.C.

FILED

01 APR 23 PM 5:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
15 CYPRESS BRANCH WAY, SUITE 203
PALM COAST FL 32164

Mailing Address
15 CYPRESS BRANCH WAY, SUITE 203
PALM COAST FL 32164



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

4. FEI Number
59-3686835

Applied For
Not Applicable

Zip Country Zip Country

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SCOTT, JAMES A JR.
4440 N. OCEANSHORE BLVD., SUITE 109
PALM COAST FL 32137

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
Managing Member, Treasurer	GIBBS, David D	15 Cypress Branch Way, STE 203	Palm Coast FL 32164	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
Managing Member, President	McDermott, Sandra M	15 Cypress Branch Way STE 203	Palm Coast FL 32164	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
Managing Member, VP, Sec	GIBBS, Nicole R	15 Cypress Branch way STE 203	Palm Coast FL 32164	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
Managing Member	VOST, MARK	185 Cypress Branch Way STE 400	Palm Coast FL 32164	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
Managing Member	Vieminen, Scott	185 Cypress Branch way STE 400	Palm Coast FL 32164	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE

David D Gibbs 4-19-01 386-445-2100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (11/00)